LEDGE VIEW NURSING CENTER INC

3737 DICKINSON RD

DE PERE	54115	Phone:	(920) 336-7733		Ownership:	Corporation
Operated from 1	/1 To 12/31	Days	of Operation:	366	Highest Level License:	Skilled
Operate in Conju	nction with	Hospita:	1?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	et Up and St	affed	(12/31/04):	32	Title 18 (Medicare) Certified?	Yes
Total Licensed B	ed Capacity	(12/31/0	04):	32	Title 19 (Medicaid) Certified?	Yes
Number of Reside	nts on 12/31	/04:		27	Average Daily Census:	26

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	8		
Home Health Care	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40.7			
Supp. Home Care-Personal Care	No					1 - 4 Years	55.6		
Supp. Home Care-Household Services No		Developmental Disabilities	0.0	Under 65	7.4	More Than 4 Years	3.7		
Day Services	No	Mental Illness (Org./Psy)	33.3	65 - 74	3.7				
Respite Care	No	Mental Illness (Other)	18.5	75 - 84	18.5		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse 0.0 85 - 94 59.3 ***********************************				*******	******		
Adult Day Health Care	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.1	Full-Time Equivalent				
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents			
Home Delivered Meals No		Fractures	3.7	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	14.8	65 & Over	92.6				
Transportation	No	Cerebrovascular	11.1			RNs	12.0		
Referral Service	No	Diabetes	11.1	Gender	8	LPNs	9.7		
Other Services	No	Respiratory		.4		Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	37.0	Aides, & Orderlies	32.4		
Mentally Ill	No	İ		Female	63.0				
Provide Day Programming for		İ	100.0	j					
Developmentally Disabled	No	İ		İ	100.0	İ			
**********	****	' ************	*****	' *******	*****	' ************	*****		

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	9.1	154	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	7.4
Skilled Care	2	100.0	244	17	77.3	131	0	0.0	0	1	33.3	135	0	0.0	0	0	0.0	0	20	74.1
Intermediate				3	13.6	108	0	0.0	0	2	66.7	115	0	0.0	0	0	0.0	0	5	18.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		22	100.0		0	0.0		3	100.0		0	0.0		0	0.0		27	100.0

LEDGE VIEW NURSING CENTER INC

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	13.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	7.4		70.4	22.2	27
Other Nursing Homes	17.4	Dressing	7.4		70.4	22.2	27
Acute Care Hospitals	65.2	Transferring	37.0		33.3	29.6	27
Psych. HospMR/DD Facilities	0.0	Toilet Use	59.3		11.1	29.6	27
Rehabilitation Hospitals	0.0	Eating	59.3		25.9	14.8	27
Other Locations	4.3	******	******	*****	******	******	*****
Total Number of Admissions	23	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.7	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	26.1	Occ/Freq. Incontiner	nt of Bladder	63.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	44.4	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	21.7	Mobility			Receiving Tube	Feeding	3.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.7	Receiving Mech	anically Altered Diets	44.4
Rehabilitation Hospitals	0.0	İ			5	-	
Other Locations	13.0	Skin Care			Other Resident C	haracteristics	
Deaths	39.1	With Pressure Sores		0.0	Have Advance D	irectives	63.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	23				Receiving Psyc	hoactive Drugs	70.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****************	*********	******	******	******	*****	******	******	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.3	88.5	0.92	88.3	0.92	90.5	0.90	88.8	0.91
Current Residents from In-County	85.2	80.0	1.06	78.3	1.09	82.4	1.03	77.4	1.10
Admissions from In-County, Still Residing	39.1	17.8	2.19	28.4	1.38	20.0	1.96	19.4	2.02
Admissions/Average Daily Census	88.5	184.7	0.48	106.8	0.83	156.2	0.57	146.5	0.60
Discharges/Average Daily Census	88.5	188.6	0.47	105.3	0.84	158.4	0.56	148.0	0.60
Discharges To Private Residence/Average Daily Census	23.1	86.2	0.27	34.7	0.67	72.4	0.32	66.9	0.34
Residents Receiving Skilled Care	81.5	95.3	0.86	95.2	0.86	94.7	0.86	89.9	0.91
Residents Aged 65 and Older	92.6	92.4	1.00	95.8	0.97	91.8	1.01	87.9	1.05
Title 19 (Medicaid) Funded Residents	81.5	62.9	1.29	56.6	1.44	62.7	1.30	66.1	1.23
Private Pay Funded Residents	11.1	20.3	0.55	34.0	0.33	23.3	0.48	20.6	0.54
Developmentally Disabled Residents	0.0	0.9	0.00	0.6	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	51.9	31.7	1.64	41.0	1.27	37.3	1.39	33.6	1.54
General Medical Service Residents	0.0	21.2	0.00	13.6	0.00	20.4	0.00	21.1	0.00
Impaired ADL (Mean)	46.7	48.6	0.96	50.8	0.92	48.8	0.96	49.4	0.94
Psychological Problems	70.4	56.4	1.25	62.7	1.12	59.4	1.18	57.7	1.22
Nursing Care Required (Mean)	6.0	6.7	0.90	7.4	0.81	6.9	0.87	7.4	0.81